Mobile Distribution MilitaryShare

A program for veteran, veteran spouse, and active-duty soldiers

Date: _____

Veteran Contact Name: _____ Verified by_____

Veteran Spouse Name: _____

Address_____ DD214, Military ID, VA Card…..

_____ _____

_____

POC Phone # _____

Email Address _____

Please list the total number of people in the household in the following age categories:

0 – 17 _____

18 – 59 _____

60 + years of age _____

I understand that I am receiving this food at my own risk and will not hold the Central PA Food Bank or it's member agency's responsible for any reason for any food received through this distribution program. I understand there are no payments or donations required for the food. I agree that I will not sell or exchange the food for any property or services I receive.

With my signature, I confirm that all information recorded on this form is correct and that if I have questions that they have been answered to my satisfaction.

Please sign above.

The Central PA Food Bank Program Proxy Form

I _____ here by authorize _____

to pick up my MilitaryShare food and deliver it to me.

Client Signature _____

Proxy Signature_____

MilitaryShare Site Representative Signature _____